



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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OPNAVINST 3500.41B
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OPNAV INSTRUCTION 3500.41B

From: Chief of Naval Operations

Subj: PANDEMIC AND INFECTIOUS DISEASE POLICY

- Ref: (a) DoD GCP PI&ID-3551-13 DoD Campaign Plan for Pandemic Influenza and Infectious Disease of 15 October 2013 (NOTAL)
(b) DoDI 6200.03 of 28 March 2019
(c) DoDD 6200.04 of 9 October 2004
(d) OPNAVINST 3030.5C
(e) OPNAVINST 1601.7M
(f) OPNAVINST 3400.10H
(g) DoDI 1200.07 of 22 January 2021
(h) OPNAVINST 3440.17A
(i) CNO WASHINGTON DC 071719Z JUL 16 (NAVADMIN 158/16)
(j) OPNAVINST 5100.23H
(k) BUMEDINST 3500.6A
(l) BUMEDINST 6220.12C
(m) DoDI 3025.24 of 30 January 2017
(n) NAVFACINST 5400.7B
(o) Memorandum for Assistant Secretaries of Defense, "Personal Protective Equipment Policy Guidance for Healthcare Personnel with Potential for Exposure to Infectious Agents," September 26, 2018
(p) DoDD 3025.18 Change 2 of 19 March 2018
(q) OPNAVINST F3100.6J (NOTAL)
(r) SECNAVINST 3030.4E

1. Purpose.

- a. To issue policy, identify responsibilities and set forth standards for pandemic and infectious disease (P&ID) planning within the Navy as required by reference (a).
- b. This revision captures responsibilities not covered in the previous issuance, provides updated guidance that has evolved significantly since the last revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 3500.41A.

3. Scope and Applicability. The provisions of this instruction apply to all members of the U.S. Navy and other U.S. Government personnel assigned or attached to U.S. Navy organizations or units.

4. Discussion. The Office of the Chief of Naval Operations (OPNAV) P&ID policy implements guidance in order to integrate Department of Defense (DoD) planning for regional execution to contain and mitigate the effects of a P&ID outbreak. This instruction provides the minimum requirements for the development of installation-level plans that ensure force health protection (FHP) and continuity of operations (COOP) per references (b), (c) and (d).

5. Situation. The outbreak of emerging infectious diseases presents a variety of challenges to the Navy and the nation and will have the potential to significantly impact military operations. Disease outbreaks may be naturally occurring, the result of intentional introduction or accidental release of harmful pathogens. No one scenario or set of planning assumptions can fully capture the range of these potential challenges. Outbreak of disease anywhere in the world can quickly become operationally significant and have a global impact. Leaders at all levels will need to remain situationally aware, flexible and capable of adapting operations and updating guidance. FHP remains a prime consideration during an emerging infectious disease outbreak or pandemic, but downstream second or third order effects of a disease outbreak may result in more serious degradation of capability, logistics and supply and critical infrastructures above and beyond that resulting from warfighter illness. Some factors to consider in evaluating operational significance of a disease outbreak are included in subparagraphs 5a through 5j.

- a. Novel nature of a disease or other factor yielding increased susceptibility in the DoD population.
- b. Animal to human transmission of disease of interest.
- c. Abnormal presentation of common disease; i.e., changes in target age or case fatality rate.
- d. Established efficient sustained person-to-person transmission of disease of interest.
- e. High case fatality rate or increased mortality or morbidity.
- f. Existence or availability of rapid and accurate diagnostic testing.
- g. Existence or availability of medical countermeasures or personal protective measures.
- h. Low or decreased effectiveness of medical countermeasures, vaccines or personal protective measures.
- i. Increased absenteeism or attrition rates.

j. Attributes of disease or of protective measures hinder operations or increase required manpower.

6. Responsibilities. A regional disease outbreak can quickly have worldwide implications. In order to more quickly respond to a global pandemic, better meet expansive and time-sensitive DoD and Joint Staff reporting requirements and maximize operational mission focus, it may be necessary to centralize the overall management of a P&ID event at the OPNAV level. Regardless of the scale of a P&ID event (regional or global), the responsibilities listed in subparagraphs 6a through 6o apply.

a. Deputy Chief of Naval Operations for Manpower, Personnel, Training and Education (OPNAV N1). Publish emergent or supplemental guidance as necessary to preserve Force Generation and maintain the Navy's warfighting readiness. This may include, but are not limited to, guidance pertaining to recruiting; accessions; travel for leave, liberty, permanent change of station, training, authorized departure; advancement exams; physical readiness testing; selection boards; and force management policies.

b. Director Navy Cybersecurity and Chief Information Officer (CIO) (OPNAV N2/N6D).

(1) Coordinate throughout the Navy Enterprise to augment, amplify and increase telework and remote access and collaboration capability for Navy networks to support social distancing FHP measures.

(2) Update or establish policy supporting telework conditions, to include but not limited to custody of government devices, usages of personal devices for government work, telework training and procedures and guidelines for proper data protection and cybersecurity.

(3) Establish approved endpoint products and peripherals (such as Common Access Card readers, webcams, headphones or laptops) that can be procured by Navy commands to expand their local teleworking capabilities.

(4) Per DoD CIO and Department of the Navy (DON) CIO authorities, establish a waiver process and approve or endorse waivers for usage of collaboration tools, service and applications requested by individual commands.

(5) Coordinate with Service Providers (i.e., Defense Information Systems Agency, Joint Service Provider) as necessary to remove or reduce architecture bottlenecks.

(6) Provide regular updates to the Chief of Naval Operations (CNO), Vice Chief of Naval Operations or Director, Naval Staff as requested on the status of Navy's enterprise telework capacity and recommendations for areas for improvement.

(7) Provide guides, frequently asked questions and help resources on available collaboration capabilities for telework and remote access.

c. Deputy Chief of Naval Operations for Operations, Plans and Strategy (OPNAV N3/N5).

(1) Publish emergent or supplemental guidance as necessary, in order to preserve the health of Navy personnel and their families and the Navy's warfighting capability in coordination with Surgeon General of the Navy (CNO 093). This may include, but are not limited to, guidance pertaining to additional FHP measures, restriction of movement, return to work criteria, vaccine distribution and administration, implementing Center for Disease Control and Prevention recommendations, etc.

(2) Assist Naval Component Commands (NCC) in synchronizing support plans with geographic combatant commands (GCC) and functional combatant commands within their area of responsibility (AOR).

(3) Review NCC plans per reference (a), with an emphasis on refinements necessary due to significant changes in strategy, risk and tolerance of risk, assumptions, U.S. capabilities, enemy and adversary intent, capabilities or resources.

(4) Assist Chief of Information (OPNAV N09C) in the development of common public affairs themes and messages and responses to questions as they develop, that are consistent with Assistant Secretary of Defense for Health Affairs, Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, national and DoD policy and guidance.

(5) Provide situation reports as directed by the Joint Staff, establish reporting procedures for NCCs and ensure Navy compliance with reference (a).

(6) Activate a specialized Crisis Action Team per reference (e), as required.

(7) Serve as the OPNAV COOP P&ID manager.

(8) Coordinate engagement and security cooperation activities with Naval Component Commanders and global synchronizers and ensure Navy equities are reflected in joint plans.

(9) Develop, coordinate and disseminate the OPNAV Pandemic Plan.

(10) Recommend prioritization of mission essential forces for vaccinations and prophylaxis.

d. Deputy Chief of Naval Operations for Fleet Readiness and Logistics (OPNAV N4).

(1) Coordinate directly with Commander, Navy Installations Command (CNIC) to ensure that guidance and region and installation plans are developed, synchronized and updated per reference (a).

(2) In conjunction with NCCs and the Defense Logistics Agency (DLA), identify critical supplies, goods or services that require priority delivery from industry suppliers to ensure COOP and sustainment of key population.

(3) Assist OPNAV N09C in the development of common public affairs themes and messages and responses to questions as they develop, that are consistent with Assistant Secretary of Defense for Health Affairs, Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, national and DoD policy and guidance.

(4) As the Resource Sponsor for CNIC, per reference (f), act as the chemical, biological, radiological and nuclear defense (CBRND) program sponsor for the Navy overseas shore-based establishments, non-expeditionary Navy tenants outside of the continental United States Navy installations and Navy personnel assigned to outside of the continental United States non-Navy installations that are covered by current inter-Service support agreements, which specifies CBRND support.

e. Director, Surface Warfare (OPNAV N96). As Executive Agent for CBRND per reference (f), manage CBRND equipment sustainment funding for all in-Service common CBRND equipment for afloat and expeditionary forces and provide guidance to Naval Sea Systems Command for the execution of the CBRND budget, ensuring unique requirements will be funded through the appropriate warfare sponsors.

f. OPNAV N09C. Develop common public affairs themes and messages consistent with Assistant Secretary of Defense for Health Affairs, Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, national and DoD policy and guidance.

g. Surgeon General of the Navy.

(1) Provide medical subject matter expert (SME) support to assist in developing, coordinating and disseminating future revisions to this instruction.

(2) Maintain situational awareness of medical references included in this instruction and advise of changes that warrant updates to this instruction.

(3) Assist OPNAV N09C in the development of common public affairs themes and messages and responses to questions as they develop, that are consistent with Assistant Secretary of Defense for Health Affairs, Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, national and DoD policy and guidance.

(4) Identify potential second and third order effects of an extended P&ID environment on the NCCs ability to sustain operations, provide FHP to key population and maintain installation support requirements.

(5) Provide medical SME support to assist in developing service-level P&ID policy documents (e.g., instructions, directives) to support DoD efforts to contain and mitigate the effects of P&ID on military operations. Due to the global span of the Navy operations, close attention must be paid to quickly identifying potential P&ID events and expeditiously coordinating with the applicable Fleet Surgeons to develop timely and relevant policies.

(6) Assist in developing, coordinating and disseminating the OPNAV Pandemic Plan.

(7) Assist OPNAV N3/N5 in coordinating and synchronizing Navy P&ID plans and policy and reviewing plans per reference (a).

(8) Report to OPNAV N3/N5 any personnel or material shortfalls that would impact Bureau of Medicine and Surgery (BUMED) response during a P&ID event.

h. Chief of Navy Reserve.

(1) In conjunction with the OPNAV Plans and Global Force Management Branch (N32) and Assistant Secretary of the Navy (Manpower and Reserve Affairs), establish guidelines for the recall of Navy Reserve personnel regarding call-up of reserves for emergency response during a P&ID event.

(2) Monitor Reserve Component readiness and training policies for domestic and overseas P&ID preparedness per reference (g).

(3) Assist the Office of the Secretary of Defense (OSD) with a broad assessment of impact to the civilian domestic pandemic response resulting from pandemic-related mobilizations. Coordinate with Commander, Navy Reserve Forces and BUMED to complete the assessment within 72 hours of request by a cognizant authority (U.S. Northern Command [USNORTHCOM], OSD, etc.). Query reserve data systems and personnel to identify reserve Sailors in civilian occupations specified OSD, Joint Staff and USNORTHCOM (e.g., medical professionals and first responders) whose mobilization may affect civilian response efforts. Report Sailor responses and data entries, to include: military specialty, pay grade, civilian occupation, civilian employer, state, zip code and whether each Sailor identifies as a first responders.

(4) In coordination with BUMED, prioritize mission essential Reserve forces for vaccinations and prophylaxis.

(5) Coordinate with the designated on-scene commander and higher authorities to hand off command-and-control responsibilities for mobilized Reserve Component forces as they complete the activation process and become available for operational employment.

i. CNIC.

(1) Plan, coordinate and synchronize all Navy P&ID region and installation planning efforts. P&ID plan execution, response and reporting will be conducted at the region and installation level under the operational direction of the respective NCCs.

(2) Installation and region P&ID plans will align with reference (h) and will be listed as hazard-specific appendices in the installation emergency management plan.

(3) In coordination with regions, ensure region and installation plans are shared among and across NCCs as necessary to ensure a coordinated and synchronized effort in their respective AORs.

(4) Provide training and equipping resources for Navy regions on protective measures in response to emerging infectious diseases.

(5) Per reference (d), maintain COOP in a pandemic environment, including provisions for increased staff, emergency training of staff and second or third order effects.

(6) In conjunction with OPNAV N3/N5, establish health protection condition levels appropriate for the pandemic per reference (b). Ensure region and installation plans include potential second and third order effects of a pandemic, incorporate FHP measures by phase, include personal protective measures and are shared across Service components, as necessary.

(7) Submit resource requirements, as directed, within 180 days of changes to reference (a) considering the following common framework: biennial installation planning conferences, biennial installation table top planning exercises and biennial installation coordination visits.

(8) Exercise plans biennially in coordination with the NCC to include other DoD Components, host nation (HN), interagency partners and State and local organizations.

(9) Report costs during all phases of a P&ID event for the ultimate reimbursement from the primary agency.

(10) Identify resource shortfalls as directed in reference (a).

(11) Develop personnel and family support plans (i.e., mental health, religious services, etc).

(12) Per reference (i), ensure Navy regional commanders monitor and coordinate arrangements for visits to the U.S. by foreign sovereign immune vessels to ensure respect for the sovereign immune status of those vessels. Official U.S. policy for foreign sovereign immune vessels visiting the U.S. is to accord these vessels the same sovereign immunity that the U.S. claims for its sovereign immune vessels. This privilege includes, in relevant part, not requiring these vessels to provide either a crew list or any form of liberty log for those persons debarking the sovereign immune vessel in U.S. ports.

(13) Per reference (f), as the budget submitting organization for CBRND requirements and equipment necessary on Navy installations, manage any specific P&ID equipment policy, guidance and requirements for all in-Service common P&ID capabilities for Navy Regions and installations to minimize risks and hazards identified in a P&ID or pandemic event.

(14) Planning efforts at the installation-level include development of implementing guidance for exposure prevention programs in the workplace. Installation and region will align with reference (j) and develop hazard-specific exposure prevention guidance for agency and employee personnel assigned to perform work operations in CNIC controlled facilities. Workplace exposure prevention guidance will provide the key measures in subparagraphs 6i(14)(a) through 6i(14)(c).

(a) Conducting a risk assessment and hazard evaluation to identify where and how workers might be exposed in the workplace.

(b) Identifying a combination of measures that limit the spread of infectious disease agents in the workplace in line with the principles of the hierarchy of controls. This should include a combination of eliminating the hazard, engineering controls, workplace administrative policies, personal protective equipment (PPE) and other measures, prioritizing controls from most to least effective, to protect workers from harmful exposures. Other prevention efforts include adopting measures to ensure worker separation and sending infected or symptomatic works home.

(c) Consideration of protections for workers at higher risk for severe illness through supportive policies and practices

j. Chief of BUMED. Provide for and oversee each of the tasks in subparagraphs 6j(1) through 6j(10).

(1) Planning. Ensure all Navy Medicine Readiness and Training Commands (NAVREADTRNCMD) will provide medical SME support to facilitate host installation P&ID response planning.

(2) Exercises and Training. Provide public health and medical SME support to NCCs and installations to facilitate P&ID exercises and training. Ensure NAVREADTRNCMDs

provide public health and medical SME support as needed to facilitate the training and exercising of host installation P&ID, closed point of dispensing and disease containment plans.

(3) Public Health Emergency Officers (PHEO). Train and qualify a sufficient number of Navy PHEOs to support Navy P&ID response plans and to provide public health SME support to Navy installation and regional commanders per reference (b).

(4) Command, Control and Communications. Ensure NAVMEDREADTRNCMDs have access to sufficient command and control capabilities and related equipment to effectively respond to public health emergencies and disease outbreaks in support of host installation P&ID response.

(5) COOP. Per reference (d), maintain COOP in a pandemic environment including provisions for increased staff, expanding the level of PHEO support and second or third order effects.

(6) Surge Capacity. Provide operational medical surge support through deployable medical platforms and operational medical units. Ensure medical surge support is based on population at risk, severity of risk and projected affected population factors. Ensure the assignment of NAVMEDREADTRNCMD personnel to operational medical surge support missions is coordinated with the Defense Health Agency (DHA), to minimize the impact on medical treatment facility capabilities. Ensure after action reports, lessons learned, applicable operational experience and joint medical planning tool estimates are coordinated with NCCs across respective AORs for surge planning and execution. Ensure Naval Medical Forces Atlantic and Pacific coordinate with Fleet Surgeons concerning personnel or material shortfalls and make recommendations for mitigations for identified gaps.

(7) Resources and Logistics.

(a) Develop and implement Navy policy for the management of medical material required for P&ID response per reference (k). Coordinate with the office of the Assistant Secretary of Defense for Health Affairs to ensure that the supply and sourcing of medical materiel and pharmaceuticals meets Navy P&ID response requirements and, as the Navy SME, provide consultation for environmentally compliant regulated medical and pharmaceutical waste management and disposal.

(b) Ensure NAVMEDREADTRNCMDs receiving antivirals and vaccines account for the pharmaceuticals using the specified inventory system.

(c) In conjunction with DHA and DLA, identify critical medical supplies, goods or services that require priority delivery from industry and suppliers to ensure COOP and sustainment of key population.

(d) Be prepared to leverage NAVMEDREADTRNCMDs and other facilities, personnel and resources to support operational Fleet units and Fleet Commanders response. This includes sourcing requests for support, testing, patient care and consumables to support medical readiness.

(e) Ensure Naval Medical Forces Atlantic and Pacific coordinate with Fleet Commanders to support the definitive care, testing, transport and disposition of affected service members.

(8) Medical Surveillance.

(a) Per reference (1), coordinate and tailor medical surveillance activities using the Navy and Marine Corps Public Health Center health surveillance capabilities for afloat and ashore medical departments in emerging disease outbreaks. This includes developing standardized data collection forms and synchronizing with the Armed Forces Health Surveillance Division at DHA.

(b) Monitor for evidence of an emerging disease threat by ensuring all NAVMEDREADTRNCMDs perform phase-appropriate disease surveillance and trend analysis as directed by DoD policy and promptly report the results to the PHEO and appropriate commanders.

1. Collect data at each point of care and document significant medical events, as directed per reference (1). Points of care include established NAVMEDREADTRNCMDs, operational units with organic medical capability and any non-medical facility designated or re-missioned for use as an alternate care treatment facility. Data collection and reporting processes and requirements will surge during a pandemic.

2. Ensure appropriately trained public health and preventive medicine professionals conduct medical surveillance activities to include syndromic surveillance using Electronic Surveillance System for Early Notification of Community-based Epidemics or other approved system, per references (b) and (1).

3. Analyze weekly disease and injury data from operational units and enable early detection of outbreaks.

(9) Laboratory Support. Ensure capabilities to conduct clinical diagnostic testing for emerging pathogens per DoDI 6200.02 and medical surveillance per DoDD 6490.02E for naval assets. Seasonal flu sentinel testing in fleet concentration areas is recommended. Laboratories may include those within the Laboratory Response Network.

(10) Immunization. Prioritize mission essential personnel for vaccination. In coordination with CNIC, prepare to provide mass immunization and care. Ensure any adverse

events are tracked and reported following vaccine and antiviral administration as directed within current policies and guidelines.

k. U.S. Fleet Forces Command (USFFC) and U.S. Pacific Fleet (PACFLT).

(1) Articulate fleet requirements to conform to P&ID mitigation measures.

(2) Establish policy concerning P&ID mitigation and vaccination equipment employment and procedures.

(3) Coordinate and issue guidance to subordinate commands in support of CNO policy to ensure preservation of mission capabilities in a P&ID environment.

(4) As dictated by Combatant Commanders' (CCDR) threat assessments and request for forces, direct the redistribution of P&ID assets as threat conditions change.

(5) Coordinate medical surveillance activities with BUMED for afloat and operational forces.

l. NCC.

(1) Develop FHP program elements consistent with the FHP measures aligned by phase and any supplemental CCDR FHP guidelines.

(2) Per reference (d), maintain COOP in a P&ID environment.

(3) Ensure all operational units with organic medical departments:

(a) Routinely report weekly disease and injury surveillance data to BUMED using reference (l) as a guide and;

(b) Comply with reference (l) for disease surveillance and medical event reporting.

(4) Re-deploy and reconstitute the P&ID response forces between P&ID waves.

(5) In conjunction with DLA, identify critical supplies, goods or services that require priority delivery from industry suppliers to ensure COOP and sustainment of key personnel.

(6) Exercise plans biennially in coordination with appropriate CCDR.

(7) Conduct exercises and rehearsals with other DoD Components, HN, State, local and interagency partners.

(8) Capture costs during all phases for the ultimate reimbursement from the primary agency.

(9) Identify resource shortfalls to the Director, Antiterrorism Force Protection (OPNAV N34), as applicable, to ensure execution per reference (a). Keep USFFC and PACFLT informed.

(10) Properly position forces with the required numbers, skills and materiel support to respond and meet the projection of forces in the changing P&ID environment.

(11) Develop and evaluate existing P&ID plans, guidance and programs to include personal protective measures, identification of PPE requirements in coordination with BUMED, targeted layered containment and community mitigation strategies.

(12) Ensure that public health and disease outbreak emergency response policies, plans, procedures and guidelines are supported by sufficient command and control capabilities and other equipment to respond properly to disasters, public health emergencies and disease outbreaks as specified in reference (m).

(13) Coordinate religious support plans as specified in reference (a).

(14) Ensure compliance with U.S. sovereign immunity and related policies regarding provision of crew lists and other information of military and non-military personnel on board U.S. sovereign immune vessels to foreign governments as outlined in reference (i). Early engagement with the U.S. Embassy country team for the HN is essential to resolving potential difficulties in a timely manner.

(15) Prioritize mission essential forces for vaccinations.

m. Naval Facilities Engineering Systems Command (NAVFAC).

(1) Per reference (d), maintain COOP in a P&ID environment.

(2) In coordination with CNIC and BUMED, maintain essential utilities and facility services and provide contingency engineering support as tasked.

(3) Provide technical guidance and support per the authorities in reference (n).

(4) Prioritize mission essential forces for vaccinations.

n. Naval Supply Systems Command (NAVSUP).

(1) Per reference (d), maintain COOP in a P&ID environment.

(2) In coordination with CNIC and DLA and within the confines of existing policy and law, develop and execute regional sustainment plans with the installations to begin identifying sufficient quantities of critical PPE to ensure mission assurance during a P&ID response. These plans should include the purchase, storage, management and distribution of identified PPE.

(3) Prioritize mission essential forces for vaccinations.

o. Naval Sea Systems Command. Serve as the lead Navy Systems Command (SYSCOM) for CBRND programs and management of all Navy common CBRND equipment per reference (f).

7. Action.

a. All OPNAV personnel must familiarize themselves with reference (a), its organization and contents.

b. Organizations and N-codes assigned responsibility in this instruction will review their respective paragraphs at least annually for accuracy and relevance.

8. Administration and Logistics.

a. Concept of Logistics Support. P&ID operations, to include deployment, sustainment and combat service support efforts, will be flexible and tailored to support the mission requirements.

b. Logistics. The CCDR's NCCs are responsible for administrative, logistical, medical and communication support for forces employed in P&ID operations. Component commanders will comply with respective Service instructions, existing plans, agreements and legal authorities. DLA, Defense Contract Management Agency, U.S. Transportation Command and other U.S. Government and Defense Agencies will continue to provide the logistics backbone in the Joint operating agreements to include: supply, maintenance, transportation, civil engineering, health services and other combat service support to DoD forces. Efforts must be directed at leveraging the existing infrastructure, contracts and support relationships with civilian services through innovative information coordination and management, business practices, contracting and operating procedures. A coordinated effort to match prioritization of effort and resources with each operational phase is essential to the success of providing P&ID support. Type Commanders (TYCOM) should ensure that their units are properly outfitted with required materials for a P&ID event. TYCOMs will ensure that units with healthcare personnel are, at a minimum outfitted, with the types of items listed in reference (o). TYCOMs will evaluate these requirements at their routine equipage and Authorized Minimal Medical Allowance List reviews. TYCOMs and Fleet Commanders should quickly evaluate material shortfalls and report deficiencies to OPNAV N3/N5. They should additionally coordinate with DLA to consider distribution and order of precedence of key materials among operational units.

c. Environmental Responsibilities. The DoD will be in support of a primary agency. Environmental responsibilities remain with the primary agency. However, this does not release the DoD from responsibility to plan and conduct operations in a manner responsive to environmental considerations. Timely response in crisis circumstances may make it necessary to take immediate action without preparing the normal environmental planning documents. Close coordination with local, State, Federal agencies and HNs during operations is needed to avoid negative environmental consequences. DoD's goal is compliance with all applicable laws. Engagement with DoD environmental compliance SME is essential in identifying and complying with all applicable regulatory compliance requirements.

d. Environmental Conditions and Transfer to Civil Authorities. Documenting conditions and actions as soon as possible before, during and after operations will facilitate resolution and closure of environmental issues. An active environmental review of Navy operations should be accomplished to identify possible environmental issues before a negative impact occurs. Environmental impacts will be addressed as soon as possible once operations have stabilized. Navy forces should direct efforts to properly identify, contain, document and transfer environmental issues to civil authorities as soon as possible.

e. Personnel. Upon Secretary of Defense (SECDEF) direction, USNORTHCOM will source Joint Staff validated requirements and notify the CCDRs of augmentee information and arrival dates. The designated command and control headquarters will be responsible for coordinating the joint reception center, maintaining accountability of deployed DoD personnel and reporting personnel information.

f. Public Affairs. Proactive communication efforts are essential prior to and during a pandemic. Early dissemination of information and aggressive public affairs (educational) programs support the U.S. Government's effort to prevent, inhibit or mitigate the spread of the infectious agent and instill confidence in the key population. Successful communications will lead to reduced fear and panic at the onset of a pandemic. It is imperative that the Navy speaks with one voice and ensures the themes and messages from Department of Health and Human Services are nested in subordinate plans. The Office of the Assistant Secretary of Defense for Health Affairs is overall responsible for coordinating the DoD public affairs response by providing public affairs guidance to CCDRs, Services and DoD agencies. Delegation of release authority to the CCDR, Services and DoD agency public affairs office and, in turn, the appropriate command and control headquarters is allowed in support of this plan. Installation level plans should utilize reference (a) for specific guidance.

g. Medical Services. During P&ID operations, maintenance of the medical and public health infrastructure will be a significant challenge. DoD has a critical role at the national level in fulfilling its National Response Plan responsibilities and an equally critical role at the installation level. Commanders, working through their respective PHEOs, should consider using the full spectrum of their medical resources to assist local governments in providing public health and medical service support to civil authorities per reference (m) and reference (p). DoD

medical capabilities should be requested if it is determined necessary to augment or sustain the local response in order to save lives and minimize human suffering. The time-sensitive nature of the requirements necessitates early and rapid inter-agency coordination to be effective. Restrictions on the use of military medical stockpiles and provisions of direct military care to civilians by military personnel may need to be addressed in mission planning.

9. Command and Control. The Chairman of the Joint Chiefs of Staff will serve as the global integrator unless otherwise designated by the SECDEF.

a. Command Relationships.

(1) SECDEF will make decisions regarding appropriate command authorities, which include designating a supported commander(s) and whether or not traditional day-to-day authorities should remain in place for a P&ID response as required by the strategic and operational situation.

(2) GCCs are the supported commanders within their respective AORs. All other component commanders are supporting commanders for P&ID response operations.

(3) DON is a supporting organization and its P&ID plans will conform to GCC plans in case of conflict.

(4) OPNAV N3/N5 will coordinate and synchronize the Navy's P&ID plans and policy.

(5) All NCCs supporting GCCs are responsible for P&ID planning and execution in their GCC's AOR. NCCs are responsible to inform USFFC and PACFLT on all man, train and equip issues. All Echelon 2 commanders are supporting commanders to the NCC where the P&ID event is located.

(6) USFFC and PACFLT retain responsibility to train and equip the force on protective measures during P&ID events. USFFC is the supported commander and PACFLT is the supporting commander for all units under the administrative control of PACFLT and operating in the USNORTHCOM AOR, with respect to addressing training and equipping shortfalls. PACFLT will keep USFFC informed of uncorrected deficiencies.

b. Reporting Requirements.

(1) CCDR's reporting guidance will apply within respective AORs.

(2) The Deputy Chief of Naval Operations for Operations, Plans and Strategy (DCNO N3/N5) guidelines on classification pertaining to operational readiness information will not change due to the onset of a P&ID event.

(3) Echelon 2 commanders must use reference (a) to ensure an effective communication strategy has been developed and is ready to be exercised during a P&ID event.

(4) Submit Operational Report 3 Navy Blue to chain of command, per reference (q), to OPNAV, USFFC, PACFLT, BUMED and Navy and Marine Corps Public Health Center if an outbreak will significantly impact the command's operational ability to perform its mission. Commanders will report degradations in unit operational readiness and adverse impacts to mission accomplishment caused by a disease outbreak via the Defense Reporting Requirement System and the Status of Resources and Training System. It is not required nor desired that commanders report each case of suspected or confirmed infection via situational report or operational report.

(5) In a P&ID environment, BUMED will set the medical event reporting requirements including designating the central point of contact for the receipt of data per reference (l). All NAVMEDREADTRNCMDs, operational units with organic medical capability and laboratory response network laboratories will report per reference (l) and conduct additional surveillance and reporting activities as indicated by BUMED including disease and injury surveillance.

c. COOP.

(1) As directed by references (d) and (r), all Secretary of the Navy (SECNAV) offices, OPNAV and Echelon 2 organizations are required to have a COOP program and supporting plan. Continuity planning facilitates the performance of mission essential functions during all-hazards emergencies or other situations that may disrupt normal operations. Traditional COOP planning efforts focuses on a component's ability to accomplish their mission essential functions while deferring remaining functions for up to 30 days.

(2) During COOP execution, key personnel are relocated away from the impacted area to an emergency relocation site in order to continue the component's mission essential functions, utilizing either prepositioned records or remote access capabilities to vital systems. Per reference (d), existing COOP programs should be expanded to incorporate this prioritization of effort. While execution of traditional COOP plans may not be appropriate during a P&ID environment, certain COOP planning elements will inform P&ID response options. Specific P&ID planning elements should either be incorporated into an organization's COOP plan or be documented in a separate P&ID plan.

(3) In anticipation of a potential occurrence of a P&ID outbreak, components should review and modify current COOP plans to ensure their ability to continue operations during a P&ID event is not compromised.

(4) Due to the unique USFFC responsibilities delineated in SECNAVINST S3030.5A, USFFC should be copied on all P&ID reports made to the Chief of Naval Operations.

10. Records Management.

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

11. Review and Effective Date. Per OPNAVINST 5215.17A, DCNO N3/N5 will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency and consistency with Federal, DoD, SECNAV and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

12. Information Management Control. Reporting requirements contained within subparagraph 9b are exempt from information management control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7h.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via DON Issuances Web site, <https://www.secnav.navy.mil/doni/default.aspx>.